

Documentation of Hepatitis B Immunization

Please check one of the following:

_____ I have received a series of three Hepatitis B vaccines on the dates listed below:

1. _____
2. _____
3. _____

_____ I have received a series of three Hepatitis B vaccines, but I do not know the dates.

_____ I choose not to receive the hepatitis B vaccine. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Signature

Date